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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: QUAN, RONALD et al.
Appl. No.: 09/388,296
Filed: 09/01/99
Title: METHOD AND APPARATUS TO SYNTHESIZE AND DEFEAT VIDEO
COPY PROTECTION SIGNALS

Grp./A.U.: 2131
Examiner: MOORTHY

Docket No.: 168-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR 1.116

Dear Sirs:

In response to the final Office Action mailed May 20, 2004, and as provided by 37 CFR 1.116, entry of the following amendment as placing the above-identified application in condition for allowance or in better form for appeal, is respectfully requested.

Presentation of the claims is found on page 2 of this letter.


Remarks begin on page 19 of this paper.

ma©rovision

Macrovision Corporation
2830 E. La Cruz Blvd
Santa Clara, CA 95050
T: (408) 743-8600
F: (408) 743-8610

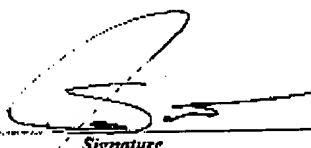
Fax

To:	Box NON FEE AMENDMENT	From:	Jim Salter
Fax:	1-703-872-9306	Pages:	(including cover sheet) 33
Phone:		Date:	7/1/2004
Re:	Serial Number 09/356,798	CC:	

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 168	
Applicant(s): QUAN, RONALD					
Serial No. 09/388,296	Filing Date 9/1/999	Examiner MOORTHY		Group Art Unit 3725	
Invention: METHOD AND APPARATUS TO SYNTHESIZE AND DEFEAT VIDEO COPY PROTECTION SIGNALS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	55 -	55 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	11 -	11 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-0762 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 7/1/04		
JIM SALTER PATENT COUNSEL REG. #35668 MACROVISION CORP 2830 DE LA CRUZ BLVD SANTA CLARA, CA 95050 CUSTOMER NUMBER 31665			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					